

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/586301 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/			X			51					
2		/						52					
3		/						53					
4		3						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		3						61					
12		1						62					
13		1						63					
14		1						64					
15		2						65					
16		1						66					
17		2						67					
18		1						68					
19								69					
20					/			70					
21					/			71					
22					/			72					
23					/			73					
24					/			74					
25					/			75					
26					/			76					
27					/			77					
28					/			78					
29					/			79					
30					/			80					
31					/			81					
32					/			82					
33					/			83					
34					/			84					
35					/			85					
36					/			86					
37					/			87					
38					/			88					
39					/			89					
40					/			90					
41					/			91					
42					/			92					
43					/			93					
44					/			94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1		2					TOTAL IND.					
TOTAL DEP.	23	←	24	←				TOTAL DEP.					
TOTAL CLAIMS	25		26					TOTAL CLAIMS					